

Registration District No. **655**

FILED DEC 18 1940
Registration District No. **5872**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pemiscot
(b) City or town Steele (Virginia) Virginia
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele (Rural) Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles west of Steele, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1940 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from Sept
_____, 1940 to Nov 28, 1940
that I last saw her alive on Nov 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
T.B. Pulmonary.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
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While at work _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature J.R. Chapman (M. D. or other) _____
Address Steele, Mo Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nettie Alma Clark
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Welburn Clark 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug 22 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Steele, Mo
(City, town, or county) (State of foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Walter P. Bernard
13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
14. Maiden name Lena Lester
15. Birthplace Steele, Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Welburn Clark
(b) Address Steele, Mo

17. (a) Burial (b) Date thereof 11-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Family Cemetery

18. (a) Signature of funeral director Herman W. ...
(b) Address Steele, Mo

19. (a) 12/10/40 (b) S.F. Robinson
(Date received by registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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12-40-24

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 2929

P. O. Address Steele, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.